



# Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

<p>1 For the Year (YYYY) <b>2018</b></p> <p><b>Part I Employee Information</b></p> <p>3 Taxpayer Identification No. <b>348 401 126 0000</b></p> <p>4 Employee's Name (Last Name, First Name, Middle Name) <b>EMETERIO, CHELLE MAE ISALES</b></p> <p>5 RDO Code <b>081</b></p> <p>6 Registered Address</p> <p>6A Zip Code</p> <p>6B Local Home Address</p> <p>6C Zip Code</p> <p>6D Foreign Address</p> <p>6E Zip Code</p> <p>7 Date of Birth (MM/DD/YYYY)</p> <p>8 Telephone Number</p> <p>9 Exemption Status  <input type="checkbox"/> Single <input type="checkbox"/> Married          9A Is the wife claiming the additional exemption for qualified dependent children?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10 Name of Qualified Dependent Children</p> <p>11 Date of Birth (MM/DD/YYYY)</p> <p>12 Statutory Minimum Wage rate per day</p> <p>13 Statutory Minimum Wage rate per month</p> <p>14 <input type="checkbox"/> Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax</p> <p><b>Part II Employer Information (Present)</b></p> <p>15 Taxpayer Identification No. <b>266 668 773 0000</b></p> <p>16 Employer's Name <b>ACCESS E-TALK PLUS, INC.</b></p> <p>17 Registered Address</p> <p>17A Zip Code <b>6000</b></p> <p><b>Part III Business Data (Previous)</b></p> <p>18 Taxpayer Identification No.</p> <p>19 Employer's Name</p> <p>20 Registered Address</p> <p>20A Zip Code</p> <p><b>Part IV-A Summary</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)</td><td style="text-align: right;"><b>66,506.79</b></td></tr> <tr><td>22 Less: Total Non-Taxable/Exempt (Item 41)</td><td style="text-align: right;"><b>6,736.64</b></td></tr> <tr><td>23 Taxable Compensation Income from Present Employer (Item 55)</td><td style="text-align: right;"><b>59,770.15</b></td></tr> <tr><td>24 Add: Taxable Compensation Income from Previous Employer</td><td></td></tr> <tr><td>25 Gross Taxable Compensation Income</td><td style="text-align: right;"><b>59,770.15</b></td></tr> <tr><td>26 Less: Total Exemptions</td><td style="text-align: right;"><b>0.00</b></td></tr> <tr><td>27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)</td><td style="text-align: right;"><b>0.00</b></td></tr> <tr><td>28 Net Taxable Compensation Income</td><td style="text-align: right;"><b>59,770.15</b></td></tr> <tr><td>29 Tax Due</td><td style="text-align: right;"><b>0.00</b></td></tr> <tr><td>30 Amount of Taxes Withheld</td><td></td></tr> <tr><td>30A Present Employer</td><td style="text-align: right;"><b>0.00</b></td></tr> <tr><td>30B Previous Employer</td><td></td></tr> <tr><td>31 Total Amount of Taxes Withheld As adjusted</td><td style="text-align: right;"><b>0.00</b></td></tr> </table>	21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	<b>66,506.79</b>	22 Less: Total Non-Taxable/Exempt (Item 41)	<b>6,736.64</b>	23 Taxable Compensation Income from Present Employer (Item 55)	<b>59,770.15</b>	24 Add: Taxable Compensation Income from Previous Employer		25 Gross Taxable Compensation Income	<b>59,770.15</b>	26 Less: Total Exemptions	<b>0.00</b>	27 Less: Premium Paid on Health and/or Hospital Insurance (if applicable)	<b>0.00</b>	28 Net Taxable Compensation Income	<b>59,770.15</b>	29 Tax Due	<b>0.00</b>	30 Amount of Taxes Withheld		30A Present Employer	<b>0.00</b>	30B Previous Employer		31 Total Amount of Taxes Withheld As adjusted	<b>0.00</b>	<p>2 For the Period From (MM/DD) To (MM/DD)</p> <p><b>Part IV-B Details of Compensation Income and Tax Withheld from Present Employer</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:5%;"></th> <th style="width:25%;">Amount</th> </tr> </thead> <tbody> <tr><td colspan="3"><b>A. 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We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and correct pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

56 **JENNY M. ADUNAS**  
Present Employer Authorized Agent Signature Over Printed Name

Date Signed

57 **CHELLE MAE ISALES EMETERIO**  
Employee Signature Over Printed Name

Date Signed

CTC No. **11192557** Place of Issue **(Davao City)**

Date of Issue **11 11 2018**

Amount Paid